DOCUMENT RESUME

ED 048 227 **SP 007 142**

TITLE	Growing Into Maturity in a Changing World, and Family Health in a Changing World. Curriculum S.29A.
INSTITUTION	Ontario Dept. of Education, Toronto.
PUB DATE	69
NOTE	21p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	*Curriculum Guides, *Family Life Education, *Grade 11, *Grade 12, *Health Education, High School Curriculum, Maturation, Personal Growth

ABSTRACT

GRADES OR AGES: Grades 11 and 12. SUBJECT MATTER: Health education. ORGANIZATION AND PHYSICAL APPEARANCE: The guide begins with an introduction followed by two main sections: 1) Growing into Maturity in a Changing World, with four units (Understanding Behavior, Environmental Factors in Satisfying Needs, Some Behavioral Responses to Needs, and The Role of the Maturing Individual); and 2) Family Health in a Changing World, with six units (The Nature of the Family in Society, Approaching Marriage, Assuming Responsibilities of Parenthood, Family Relationships and Responsibilities, Influences Affecting the Family, and Some Factors Affecting Family Health). A separate sub-section deals with venereal disease. The guide is printed by letterpress and saddle stitched with a soft cover. OBJECTIVES AND ATTITUDES: The objectives are set out at the beginning of each unit, followed by listings of suggested approaches and activities. INSTRUCTIONAL MATERIALS: Suggestions are given in each unit, including printed material, films, and filmstrips. A selected reference list is also included. STUDENT ASSESSMENT: No special provision is made. (MBM)

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ONTARIO DEPARTMENT OF EDUCATION

Curriculum S.29A

Growing into Maturity In a Changing World

and

Family Health in a Changing World

SENIOR DIVISION HEALTH EDUCATION

SP007142

1969

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"Health education should be an applied science concerned with man's understanding of himself in relation to health matters in a changing world."

Health Concepts — Guides for Health Instruction - AAHPER 1967.

Introduction

OBJECTIVES:

In the area of personal, family, and community health to:

foster desirable attitudes and behaviour

promote knowledge of oneself and others

This curriculum guide for senior grades is a major revision of the Health Curriculum outlined in S.29, and encompasses both the former grade 11 and 12 courses. The units have been developed so that boys' and girls' health lessons may be arranged co-educationally or separately as desired.

The program is based on the principle that health education should help each individual to attain personal goals and to reach his highest potential for the betterment of self, family, and community.

The format aims at allowing the teacher freedom to develop a course to fit the needs of the class, and to decide the extent to which each unit will be studied. Broad principles are suggested and some interpretation and background are offered to fit these principles into the framework of the society in which we live.

A wide variety of approaches is desirable depending on the unit, the needs, and the interests of the students. In the majority of classes, students would read, prepare, discuss, and make decisions based on experience and researched factual information. The teacher should be prepared to control, guide, clarify, supplement, and organize the work being covered. Class discussion may be prompted by a film, panel, debate, guest speaker, interview, field trip, or assigned reading. It is advisable for the teacher to guide discussions within the framework of the unit.

The overlapping of units in senior division health education with similar areas of student interest in home economics, guidance, and man in society provides an opportunity for the integration of these subjects. Teachers of health are urged to plan jointly with teachers of other relevant subjects so that students may call on the resources of a variety of staff members and subject disciplines during their studies.

Growing into Maturity in a Changing World

Teen-age students of both sexes have strong reactions to the many demands, stresses, and conflicts of adolescent experience. An opportunity should be provided in the class setting, through maximum student-involvement and participation, for each to become aware of and thereby to understand more fully his own reactions and the reactions of his peers. In this type of student-centred learning, the teacher should assume the role of a discussion moderator and resource person; he should avoid any tendency to lecture, pontificate, or moralize.

Whenever possible, discussion should develop around the concept of 'range of normal'. Within the range, towards either extreme, there are what might be referred to as "acceptable" limits, that is, the limits acceptable in terms of society, the social sub-group, or individual well-being. Thus the concept of "range" would emphasize the idea of individuality, and the acceptance of individual differences in others. Discussion should also emphasize that an individual's position on the range changes as he adjusts to physical and environmental demands, stresses, and conflicts.

PRINCIPLES TO BE DEVELOPED

Standards and values are developed in response to human needs.

To understand behaviour, it is essential to understand the determining factors and the goals being sought.

Understanding behaviour involves recognition that there are reasons underlying a given form of behaviour.

Personal relationships are improved through an understanding of the factors underlying behaviour.

Cultural and environmental factors influence the development of personality and behaviour.

Adjustment and adaptation to environment will depend largely on past experience.

Unit 1

Understanding Behaviour

Personal standards and values are influenced by personal relationships and usually develop in response to the needs of the individual.

Unit 1 introduces the relationship of man's behaviour to his basic needs. This theme is developed throughout the course and is reflected in the concepts on which the course is constructed.

References:

Powell, Marvin, — *The Psychology of Adolescence,* Bobbs-Merrill Co. Inc., 1963 (Toronto, Thomas Allen & Son)

Stone, L. J. and Church, J., — *Childhood and Adolescence,* New York, Random House, 1964 (Toronto, Random House)

Film:
The Age of Turmoil — McGraw-Hill

A. MAN HAS A COMPLEXITY OF NEEDS

Man's total health depends on the fulfilment of his basic needs. There is a close interaction among these needs in the development of total health; that is, the "whole person" concept. At any given instant, each individual has a hierarchy or priority of needs. When any given need is satisfied, the individual consciously or unconsciously re-arranges the priority of his needs, and often creates new needs. These needs may complement each other, or they may be in conflict.

Section A is intended to establish a framework for subsequent discussions of needs.

Physical, emotional, social, intellectual needs.	A consideration of the four types of needs would be in general terms at this stage.
Interlocking relationships of needs.	Students should develop an understanding of the close interaction of the physical, social, emotional, and intellectual factors in total health. (effects of emotions on digestion, heart rate, etc. (effects of physical health on emotions (effects of insufficient rest on physical, mental, and emotional fitness
Priority of needs.	The satisfaction of any given need will result in a re-alignment of the priority of one's needs and also in the creation of new needs. (Athletics may satisfy the need for recognition and for physical activity. (A nursing baby may satisfy his need for food as well as his need for love and affection. (Acceptance by parents sometimes conflicts with acceptance by the peer group. (Until the basic physical need for food and shelter are met, other needs are of little importance.

B. THE ORIGIN OF MAN'S NEEDS

Understanding behaviour involves the recognition that there are reasons underlying any given form of behaviour. These reasons develop from hereditary, environmental, physiological, and emotional demands.

Hereditary	Factors such as body build, physical features, and inborn physical drive create needs.
Environmental	Needs can be set up by the social group to which the individual belongs; for example, literacy, co-operation.
Physiological	The physical growth and functioning of the body creates such needs as food, water, rest, and physical activity.
Emotional	Social, emotional, and intellectual needs require such satisfactions as the need to be accepted, the need to be independent, the need for knowledge.

Unit 2

Environmental Factors in Satisfying Needs

Man's health needs are influenced by his total environment. This environment includes many physical, physiological, social, and intellectual factors. Although needs may be categorized as physical, social, emotional, or intellectual, the satisfaction or frustration of any need affects the whole person.

Unit 2 develops the influence of the total environment on man's health needs.

It is suggested that the concept of "ranges" should pervade this unit. Special attention should be devoted to emphasizing the idea of individuality, and to accepting individual differences in others.

(In considering an individual's reaction to a dangerous situation, the extremes of the "range" would be immobility at one end and foolhardiness at the other.

(In considering an individual's need for food, the extremes of the "range" would be gluttony at one end and starvation at the other.

References:

Powell, M. — *The Psychology of Adolescence*, Bobbs-Merrill Co. Inc., 1963 (Toronto, Thomas Allen & Son)

Stone and Church — *Childhood and Adolescence*, New York, Random House, 1964 (Toronto, Random House)

Science Research Associates — *Growing up Emotionally* and other pamphlets in the same series.

A. PHYSICAL ENVIRONMENT

This section focuses on an understanding of the role of society in controlling environmental health conditions through official, professional, and voluntary health agencies and other organized community efforts.

Safe water	Purification, fluoridation, pollution controls
Clean air	Growing need for pollution controls
Suitable clothing and shelter	Need for housing controls and slum clearance
Appropriate food	Freedom from dangerous contamination
Sufficient sleep and rest	Need for noise controls and anti-noise laws
Facilities for physical and cultural activities	Parks, libraries, museums

B. SOCIAL, INTELLECTUAL AND EMOTIONAL ENVIRONMENT

The individual's ability to assess himself realistically and to recognize his abilities and shortcomings is a fundamental factor in developing and maintaining health.

It is recommended that recognition of the following needs be developed out of discussions with and by the students. The teacher's role would be that of a discussion leader and resource person.

Affection
Sympathetic understanding
Increasing independence
A sense of worth
Recognition by others
Creativity
Variety and change
Service to others
Understanding the role of a maturing individual

The discussion of needs should establish that:

(Every person has needs and the fulfilment of those needs has an important influence on his total health.

(Although needs may be categorized as physical, social, emotional, or intellectual, the satisfaction or frustration of any need affects the whole person.

(Basic needs are common to all people, but each person is unique in so far as his or her "felt needs" are concerned. Reaction to fulfilment or frustration of needs is influenced by the individual's heredity and past experience.

(An individual can never have all his needs fulfilled. **ALL** people experience frustration.

(The reaction to frustrating experience is important for mental health. A positive reaction promotes good mental health, while a constantly negative reaction contributes to poor mental health.

Note: These conclusions should be a recapitulation of only those needs which have developed from class discussion in order to help students to see in perspective what has come up in their own discussions.

Unit 3

Some Behavioural Responses to Needs

Man is unfluenced by many factors in his efforts to satisfy his needs. Among those factors are a variety of substances, the use of which results in a wide range of behavioural responses.

A. THE USE, NON-USE, AND ABUSE OF TOBAC CO

There is no single explanation for smoking behaviour; rather it seems to be a range of social and psychological behaviours.

The use of cigarettes has been causally linked with chronic bronchitis and lung cancer. Cardiovascular disease and emphysema are also closely related to cigarette-smoking. There is, however, a definite reversibility of the effects of smoking, a reduction of risk with the cessation of smoking at any age and after any length of time.

There is a high correlation between starting age and the development of health problems related to smoking.

References:

Smoking and Health,
Report of the Advisory Committee to the Surgeon General of the Public Health Service: 1964.
D. Van Nostrand Co. Inc., Toronto

The Health Consequences of Smoking.
A Public Health Service Review: 1967.
U.S. Department of Health, Education and Welfare, Washington.

Smoking and Health.
Report of the Royal College of Physicians on Smoking: 1962
McClelland and Stewart Ltd., Toronto

Smoking and Health
Dr. Alton Ochsner, 1959.
Julian Messner Inc., New York.

Bibliography on Smoking and Health.
National Clearinghouse for Smoking and Health.
VSPHS,
4040 North Fairfax Drive,
Arlington, Virginia 22203.

Publications, Pamphlets etc., available from:
Canadian Cancer Society
Canadian Heart Association
Canadian Tuberculosis Assocation

Films:
A Breath of Air — Visual Education Centre
Beyond a Reasonable Doubt — Assoc. Ind. Film.
Barney Butt 16mm 12 min color.
American Heart Association.
One Fine Day 16mm 25 min color.
American Heart Association.

Brief review of history	Show the changing patterns in use of tobacco.
	Emphasize that cigarette smoking is a phenomenon of the 20th century.
Behavioural aspects of smoking	Discuss the increase in per capita consumption of cigarettes.
(incidence	A brief look at changes in the use of tobacco since 1900.
	Tobacco consumption in 1966 was only three quarters of what 1952 trends would have indicated; publicity concerning smoking hazards started in 1952.
(reasons for beginning	(A factual, presentation type of lesson is most ineffective in this area.) Parental smoking habits: probably the most important single factor Other exemplars: teachers, older siblings, other adults such as prominent sports personalities, movie and T.V. stars, political figures Sociability: importance of the peer group, peer group pressure, conformity.
Research and smoking (significant facts	Smoking is one of the most intensely researched public health problems in history. Up to 1967 there were more than 5,000 major studies on smoking and health. An extreme emphasis on smoking and lung cancer has tended to obscure other areas where smoking is of equal, or even greater significance with regards to personal health. There are dangers in overemphasizing any one statistic.
(population studies	Great detail is not necessary. Stress the validity and reliability of statistics from large population studies.
(laboratory studies	Study how conducted.

(use of findings	Selected research findings should be incorporated into the study of Health aspects, social implications, and athletic performance.
Health aspects of smoking	Health aspects should be discussed. Smoking is associated with days lost from work.
(chronic bronchopulmonary diseases	The toxic effect of tobacco smoke on the ciliary defence mechanism of the respiratory system should be developed at this point:
	(bronchitis and emphysema.
(cancer	The importance of periodic X-rays for regular smokers, particularly if they are over forty years of age, should be stressed.
	Lung: a discussion of the precipitating factors should include the cumulative effect of carcinogens.
	Oral: Causal relationship appears to be established in pipes and cancer of the lip.
	Laryngeal: smoking may be a causal factor in laryngeal cancer.
(cardiovascular disease	The importance of nicotine as a vasoconstrictor should be re-established at this time. Coronary heart disease and stroke may be a health hazard of smoking.
(gastro-intestinal disease	Peptic ulcer: cigarette smoking may be associated with peptic ulcer.
Smoking and athletic performance	
(oxygen intake and oxygen debt	There are the limiting factors during exercise. The significance of the impaired fuction of the respiratory system and the cardiovascular system might be discussed.
(fatigue	Capability of the circulatory system to diffuse lactic acid from fatigued muscles may be reduced.
(endurance	
(tobacco amblyopia	There is a possibility of depression of the visual perception which is so essential in athletics.

(carbon monoxide effect	Increased carbon monoxide levels in the blood as a result of smoking will lead to a decreased release of oxygen at the tissue level.
Promotion (advertising	The bulk of advertising is aimed at getting beginners to adopt a particular brand, not at getting confirmed smokers to switch brands. Most tobacco advertising is a highly specialized psychological technique for its sale.
(advertising techniques	Features of such techniques are:
	Appeals such as sex, status, self-indulgence etc.
	Identification: athletes, movie and T.V. stars and other wellknown personalities.
	Association: Fast cars, nature settings, and the "good life" in general
	Emotional: little if any factual material in cigarette and tobacco advertising
(filters, king size and 100 mm cigarettes	The fallacy that filter tips effectively eliminate the health hazards of cigarette smoking: there are no "safe" amounts of tar and nicotine.
	The paradox of filters versus king size
The economics of smoking (national industry	The profit motive
	Tax revenues: provincial and federal
	Support industries: grower, manufacturer, wholesaler, retailer, accessories, other
	Political implications: tobacco growing areas
(national cost	Morbidity: the use of tobacco should be considered in the loss in the gross national income due to chronic illness and lost work days.
	Mortality: smoking should be considered in relation to deaths occurring during the individual's most productive years, 45 to 64.

(cost to the individual	The actual dollar cost of tobacco products
	Costs in illness, lost time
	Costs in lost energy and decreased vitality
	Costs to others: the responsibilities of parenthood
	Annual loss: homes, forests, lives, from fires caused by smoking. In the U.S. in 1965 there were 163,900 fires linked to smoking. Property loss was $80.4 million. There were 1,800 deaths.
A personal decision	The decision to smoke or not to smoke is one which each person must make. It should be based on facts rather than on emotion.
Breaking the habit (addiction and habituation	Physiologically, smoking is an habituation. It may be a physiological addiction in a very few cases.
	The use of drugs as an aid to stop smoking is not desirable.
(reversibility	Provided that no serious pathological changes have already occurred, the deleterious health effects of smoking are reversible at any age, and after any duration of smoking.
	The hazard is increased, the earlier smoking is begun. However, reduction of the hazard commences at the instant of cessation of smoking.
	There are many specific programs to stop smoking. The following major requirements are common to practically all of them: A strong personal conviction and desire to stop Knowledge Communication

B THE USE, NON-USE, AND ABUSE OF CHEMICALS

The action of chemicals results in a variety of behavioural responses which range from the unnoticeable to the obvious, and from insignificant to extremely dangerous.

Good medical supervision is often circumvented by thoughtless practices: the offering of personal drug prescriptions to others, unauthorized renewals, failure to destroy unused portions, failure to report side effects to physician.

People often use drugs for solace, to reduce worries and tension, to fortify status, and to improve mood, to achieve total escape, to induce sleep, to combat fatigue.

No single factor produces dependence. It is usually a combination of how society regards the chemical and its availability, the susceptibility of the "host" or person, and how the chemical agent affects the individual.

Almost any substance which artifically satisfies or masks an emotional need, may in time induce dependence.

Non-users of medicinal drugs, which are usually prescribed by a physician, deprive themselves of the useful effects of those drugs.

References:

American Association for Health, Physical Education and Recreation — Drug Abuse: *Escape to Nowhere, A Guide for Teachers* available from CAHPER, 149 Alcorn Avenue, Toronto 7.

Alcoholism & Drug Addiction Research Foundation of Ontario, 344 Bloor Street West, Toronto 4, Ontario:
Addictions (pamphlet)
Drugs and People (pamphlet)
Clues for Parents
Drugs in Perspective

Films available from ADARF:
Drugs and the Nervous System
Hooked
Point Zero Eight
What Time Is It Now

Nature of dependence	Chemical dependence is the result of a combination of physiological, psychological, and sociological factors. Family, friends, and fellow-workers can help or hinder persons who exhibit alcohol or drug dependence.
(sociological	Increased use of abuse of chemicals results from factors such as: (increased tempo and complexity of life. (increased safety hazards (excessive fatigue (insufficient physical activity (impact of mass media (increased leisure, boredom

	(depersonalization caused by automation (availability of chemicals (acceptance of use of chemicals by sub-groups. Discussion should develop an appreciation of the complexity of societal pressures which have increased the use and abuse of chemicals. In developing this understanding, the concept of "ranges" should be emphasized. In expressing dissatisfaction with society, the reactions of different individuals could range from the non-productive way of life of some "hippie" groups to productive withdrawal personified by Rousseau, Gauguin, Thoreau and many monastic groups, Consider the efforts of Canadian youth to effect productive changes in the existing structure of society as exemplified by: CUSO, Cross-Roads Africa, the Northern Teaching Corps, peace marchers and church organizations. Assets and liabilities of "new generation" for producing a better society: (healthier, better educated, less selfish, more sceptical, less complacent (less secure because of religious and ethical uncertainties within family unit, and because of the changing role of the sexes.	Moderate use of drugs for medical purposes	Discussion could develop from a consideration of the range from non-use to abuse: (benefits of prescribed medicinal drugs, such as, acetylsalicylic acid, antibiotics, antihistamines, anaesthetics.
		Hazards of self-medication	Use of wrong drug Improper dosage (deaths due to overdosage of barbiturates (adult doses of aspirin are often fatal to infants. (amphetamine overdosage may prove fatal.
		Ignorance of possible side-effects	Alcohol abuse affects nutrition by displacing food containing vitamins and proteins. Miscalculations in operation of machinery and automobiles can be caused by distortion of vision and timing reactions which accompany use of alcohol, LSD, marihuana, antihistamines, etc.
		Dangerous combinations of drugs	Combining drugs often increases their effect on the body. For example, alcohol should not be taken while using prescription drugs such as barbiturates, antihistamines, and amphetamines. Suppression of relevant warning symptons sometimes leads to a false sense of security.
(physiological	Two phenomena help reinforce physical dependence on drugs: (increased tolerance when progressively larger doses are required to produce same effect. (withdrawal effects	Legal aspects	Legal Controls in Canada, 1968: (Narcotics Act and RCMP (Food and Drug Act and the Department of Health (Alcohol Controls Act Penalties: (for possession — up to seven years imprisonment (for trafficking — up to life imprisonment (for importing — up to life imprisonment.
(psychological	Almost any substance, which artifically satisfies or masks an emotional need, may, in time, induce dependence. Many drugs induce psychological dependence without much evidence of increased tolerance or withdrawal symptoms. Sustained psychiatric treatment is often necessary.	Positive approaches to rehabilitation	Seek professional help Agencies available for assistance

Unit 4

The Role of the Maturing Individual

Problems of personal adjustment continue throughout the adolescent period. The adolescent's steadily broadening experience creates a wider base for decision-making regarding the fulfilment of needs. Adolescents need to develop an understanding of their changing role, and accept the fact that independence of thought and action is accompanied by further demands and responsibilities.

References:

Call, A. — *Toward Adulthood,* Toronto, McLelland & Stewart

Laycock, S.R. — *Family Living and Sex Education,* Canadian Health Education Specialist Society

Approaching Adulthood, Finding Yourself, distributed by AAHPER (Toronto, CAHPER)

Duvall, E.M. — *Love and the Facts of Life,* Association Press, 291 Broadway, New York

Sound Film Strips — Longmans:
And, They Lived Happily Ever After No. 204N
Sex — A Moral Dilemma for Teenagers No. 206N
Values for Teenagers — The Choice is Yours No. 180N
I Never Looked at it That Way Before No. 195N

Family Life Education Records: Dr. Wake, McGraw-Hill, 1967.
No. 2—Ages 14-15
No. 3—Ages 16+

National Film Board:
Phoebe
The Game
The World of Three

There Is No Time for Romance — McGraw-Hill

A. SOME CHARACTERISTICS OF MATURITY

Physical	Achievement of growth potential Biological development for parenthood
Intellectual and emotional	No longer completely dependent on parents for decisions and behaviour. (Capable of independent thought and action, and of responsible behaviour.
Social (recognition of and respect for others.	In infancy and early childhood, the individual is concerned with himself, his feelings and possessions. A sign of maturity is the ability to think about others, to act on their behalf, and to respect their opinions.

B. ADOLESCENCE AND MATURITY

Changes related to puberty create new demands, conflicts, and stresses; therefore, there is an increasing need for the adolescent to understand the reasons for these new demands and conflicts

Certain intellectual, emotional and social needs intensify during adolescence.	Students should investigate the growing need for independence and develop an understanding of the nature of human sexuality not only as a means for reproduction, but also as an aspect of individual personality.
Ways of meeting needs, and the agents through which fulfillment may be achieved, undergo change.	

C. MATURITY AND THE OPPOSITE SEX

The pattern of friendship gradually changes from "crushes", hero worship, and adolescent relationships with one's own sex, to a steadily growing interest in the opposite sex. This transition is a common pattern.

Dating is dependent upon the individual's feeling about himself, his attitude towards the opposite sex and his social skills.

Mature relationship (respect for the integrity and dignity of opposite sex (social skills leading to greater confidence (respect and tolerance for individual differences	A brief review of the development of friendship. Discussion should develop an appreciation that sex is a natural drive of individuals that is accompanied by related responsibilities.
Developing a mature relationship (group activities (considerations in dating	Age, individual readiness, family attitudes, social pressures, dating practices, characteristics desired in opposite sex.

Family Health in a Changing World

INTRODUCTION

The family is the basic structural unit in which individuals experience close personal relationships.

Each family is unique, but it is characterized by mutual aid and protection.

The family is the foundation for health, since it is the centre for adjustments to life.

With the evolution of new pressures in a rapidly changing world, families are faced with new stresses and demands. The growth in number of social groups and other distracting influences, competing with the family for interest, time and loyalty, increases the need to understand the function of the family.

PRINCIPLES TO BE DEVELOPED

An understanding of the changing role of the family in a changing world.

Attitudes and knowledge which will enable students to make an effective contribution to their present and future family life.

Unit 1

The Nature of the Family in Society

The growth and development of each family is unique, and the standards and values which exist within the family unit play a significant role in molding future family relationships.

References:

Duvall, E.M. — *Family Living*, New York, MacMillan 1961 (Toronto, Collier-MacMillan)

Folsom, J.K. — *The Family & Democratic Society*, New York, J. Wylie & Co. (Toronto, General Publishing Co.)

Hoeffin, R.M. — *Essentials of Family Living*, New York, J. Wylie & Sons 1960 (Toronto, General Publishing Co.).

Role

Uniqueness — cultural, ethnic, religious, economic.

Discussion should be concerned with the importance of the family in our society.

Students should develop some understanding of the wide range of types of family units.

Unit 2

Approaching Marriage

The choice of partner and the ability of both partners to make satisfactory adjustments to individual differences are significant factors in the development of a successful marriage.

This unit is intended to provide the framework wherein students may develop some appreciation for the complexity of factors involved in building a successful marriage. The value of discussion by students after individual reading is emphasized again.

References:

Bowman, H.S., — *Marriage for Moderns*, New York, McGraw-Hill, 1965 (Toronto, McGraw-Hill)

Public Affairs Committee — *What Makes a Marriage Happy*

Laycock, S.R. — *Family Living and Sex Education*

Factors in a successful marriage
(mature love (meaing)
(basic values
(interests
(level of education
(age at time of marriage
(desire for children
(husband-wife relationship in use of total family income
(some understanding of cost of maintaining dwelling and living within budget
(individual differences
(team relationship
(problems of a working wife
(physical health

Emphasis should be placed on the importance of parent relationships in providing the calm, stable atmosphere which is so essential in a child's development.

Some understanding of the influence of these factors on marriage should be developed.

Unit 3

Assuming Responsibilities of Parenthood

A. UNDERSTANDING INHERITANCE

An understanding and appreciation of the basis and scope of inherited human similarities and differences should enable the individual to better accept the limitations that are imposed by heredity.

This section should be a simplified presentation and should be integrated where possible with biology.

References:

Scheinfeld, Amran — *Basic Facts of Human Heredity*, Washing Square Press (Pocket)

Scheinfeld, A. — *The New You and Heredity*, New York, F. A. Stokes & Co.

Better Living Series — *Your Child's Heredity*

Films:
The Thread of Life — Bell

Review cell structure	Cytoplasm, nucleus, cell membrane
Chromosome, gene, RNA DNA	This should be a very simple description of the function of RNA and DNA
Mitosis and meiosis	A detailed description of cell reproduction is unnecessary
Chromosome constitution (normal	Number Autosomes Sex chromosomes
(abnormal	Down's Syndrome (Mongolian Idiot): common form of mental retardation due to one extra autosome
(determination of sex	X and Y chromosome distribution
(twinning	Monozygotic Dizygotic
Some principles of inheritance (dominance	Haemolitic disease of newborn illustrates the effect of Rh positive and Rh negative incompatibility.
	Cystic fibrosis: one of the most common serious inherited diseases of childhood.
	Students should be aware of the medical methods used to cope with these conditions.
(sex-linked inheritance	Brief reference to (color blindness (haemophilia
(mutation	Brief reference to (spontaneous mutation (induced mutation (role of radiation in mutations.

B. ADJUSTMENTS DURING PREGNANCY

Pregnancy is a normal physiologic occurrence which presents few problems for the majority of women.

Having a baby is a family affair. While the parents are instrumental in providing life, the growth and development of the child are influenced by environmental factors. Paramount among these factors are the complementary roles played by the father and the mother.

References:

Aldrich, C.A. & M.M. — *Babies are Human Beings*, MacMillan Co., Toronto.

Keliher, A. — *Life and Growth*, New York, Appleton-Century-Crofts Inc.

Ratcliff, J.D. — *Conception, Pregnancy and Birth*, Pocket Books of Canada.

Films:
Human Reproduction, McGraw-Hill

The family during the pre-natal period	Mother: (emotional changes (interest in own welfare (marked fluctuation in moods (sensitivity to criticism and to minor frustrations in daily life (need of support of husband (benefit from pre-natal classes
	Father: (adjustments to new role
	Siblings: (preparation for new baby (need of small children for reassurance of parent's love.

Symptoms	Presumptive symptoms
	Pregnancy tests--many types--at present two-hour slide tests are 97 per cent accurate.
Mother's health needs	Medical supervision (visit physician early in pregnancy, (attend regularly as physician suggests, (have complete examination including tests for infections, anaemia, syphilis, blood type including Rh factor.
	Proper diet
	Rest and relaxation
	Exercise
	Freedom from anxiety
Financial considerations	Baby's needs
	Household help
	Medical and hospitalization insurance
	Readjustments if wife has been working.
The family during the post-natal period	The baby needs both parents: responsibilities for his care and for family living are less overwhelming and become pleasures rather than burdens when shared.
	Mother must simplify housekeeping in order to obtain necessary rest
	Assistance is available from public health nurse or VON.
	Other considerations: physician's visits, husband's emotional needs, siblings' emotional needs.

C. HOME ENVIRONMENT FOR PRE-SCHOOL CHILD

Provision of a calm, secure home environment is an important factor in a child's growth and development.

The establishment of rules for conduct based on logical consequences and self-discipline is a teaching process whereby the child is guided towards socialized living, independence, and a sense of responsibility for the welfare of others.

Discipline is not just a training in obedience to an outside authority, but rather to inner dictates in which the standards are the result of thought and discrimination.

References:

Strang, Ruth — *An Introduction to Child Study*, Macmillan Co., Toronto 1962.

Smart & Smart — *Learning and Living with Children*, Houghton Mifflin Co. (Toronto, Thomas Nelson & Sons)

Better Living Series — *How Children Play*, Science Research Associates (Canada) Ltd.

Public Affairs Committee — *How to Discipline Your Children*, Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y. 10016

Affection

Consistency

Discipline

(self discipline

(parental attitudes

(punishment vs responsibility

Unit 4

Family Relationships and Responsibilities

The family is the foundation for good mental health. It provides the framework within which children experience close personal relationships.

References:

Duvall, E.M. — *Family Living,* New York, Macmillan, 1961 (Galt, Collier-Macmillan)

Folsom, J.K. — *The Family & Democratic Society,* New York, John Wylie & Co.

Hoeflin, R.M. — *Essentials of Family Living,* New York, John Wiley & Sons Inc., 1960 (Toronto, General Publishing Co.)

Public Affairs Committee:
Democracy Begins at Home
Mental Health is a Family Affair

Film:

There Is No Time For Romance — McGraw-Hill

Respect for individual differences	Appreciation of the need to respect interests and opinions, rights and responsibilities, privacy and the need for tolerance
Place of discipline and authority	An understanding of the close interaction between rights and responsibilities
Development of independence	An understanding that this development should be a co-operative undertaking of parents and children
Development of good communications	An understanding of the differences between constructive family discussions and abrasive arguments
Importance of shared values	

Unit 5

Influences Affecting the Family

A. FROM WITHIN THE FAMILY

Children	The effect on the family unit
	Sibling relationships: age, position in family
	Individual differences: range of abilities, physical, perceptual, emotional and social handicaps.
Intra-family relationships	
Aged family members	Need for understanding and appreciation of problems of aging and aged.
	Need to provide significant activity
	Need for companionship.
Absent parents or parents who abdicates responsibility.	Brief reference to problems affecting child's development when: (either male or female influence is missing (a parent is ill (mental or physical) (a parent is an addict (a parent refuses to accept "parental responsibility".
Community agencies available to assist family	Investigate the agencies available in the local community.

B. FROM THE COMMUNITY

The family influences and in return, is influenced by the community.

The interaction between the family and these influences may be a source of conflict; for example, peer group influences sometimes conflict with the standards of the family. Methods leading to a mature, informed resolution of such conflict could be included in discussion.

The law is determined by the family, and in turn the law supports and protects the family. The supportive role played by the law is an important one in to-day's society.

Peer groups
Church
School
Cultural background
Socio-economic factors
Law
Others

Unit 6

Some Factors Affecting Family Health

The health status of any family member may seriously affect the living standards and pattern of the family group.

Appropriate preventive action can eliminate much human suffering.

For individual, family and community protection, it is necessary to develop an understanding of pertinent health facts.

References:

American Medical Assocation, *Defenses Against Quackery — a resource for Teachers* Department of Health, AMA

Consumer Division, Food and Drug Directorate, Department of National Health and Welfare, Tunney's Pasture, Ottawa.

Food Facts and Fadism AMA

Films:

Cancer is a Word ASN
Man Alive (Cancer control) — ACS
The Traitor Within(Cancer) — ACS

CONSUMER HEALTH AND QUACKERY

Consumer health is protected by the intelligent evaluation and selection or rejection of products and services in connection with personal health, family health, and community health.

Quackery can be used to distort medical facts for profit. False promotion of worthless, and often dangerous products, services, and machines can result in suffering and, in some cases, death due to lack of competent medical attention.

This false promotion destroys confidence in authentic agencies, services, and products; it spreads dubious information and can result in unwise expenditures of family funds.

Students should be encouraged to develop an intelligent evaluation of products and services which can affect personal, family and community health.

Areas of quackery	Nutrition: (food fad hucksters base their sell on such myths as: all diseases are caused by faulty diet; soil depletion causes malnutrition; processing and refining food destroys nutritional values; almost every pain and ache is caused by a vitamin or mineral deficiency; certain specific unusual foods are essential in the diet.
	Cosmetics: (remedies for wrinkles, pimples, acne, baldness, hair removal, wanton use of hormones for various ills and deficiencies (economic factor of such claims: cosmetics are a major industry.
	Weight control: (magic formulas (unbalanced crash diets such as all meat, all vegetables, special liquids, etc. (health spas and exercises (spot reducing (mechanical aids) (food supplements
	"Miracle" cures for: (arthritis: from machines to so-called radio active minerals (cancer: machines and drugs (tuberculosis, diabetes, influenza, kidney disease, and ulcers (alcoholism and smoking (baldness
Advertising	Power of advertising in communications media, such as television, radio, newspapers, billboards, mail
	Psychology for advertising: use of sex, status, self-indulgence, vagueness, immediacy.
	Buy now, pay later, repetition, exaggerated claims.
Significance	Economic factor
	Loss of confidence in authentic agencies, services, and products
	Physical and mental suffering due to improper treatment.
	Danger of delay in discovery and proper treatment
	Spread of misinformation, such as cancer "miracle cures", crash reducing diets.
Criteria for suspecting quackery	If an advertisement:
	Claims secret principle, formula or device (vitamins, cosmetics, faith healers and so on).

	Promises quick cure (common cold, and so on).
	Provides case history or testimonial in advertising.
	Claims persecution (for example, pseudo-medical groups).
	Belittles recognized treatments.
Combatting quackery	Investigate the service, the product, and the salesman.
Agencies available to safeguard the public	

B. AN UNDERSTANDING OF HUMAN AILMENTS

The students should have an understanding of facts concerning certain health conditions or ailments in order to develop an intelligent evaluation of the need to seek medical advice. This is particularly true of conditions which, by their nature, hucksters may tend to exploit.

Some of these conditions are:

Cancer	Higher incidence after thirty-five years of age
	Early discovery essential to cure
	Advantages of regular "PAP" tests for early discovery of cancer of cervix and uterus
	Lack of pain in early stages in most cases
	Type of growth in cancer: its relationship to early signs and symptoms, how it spreads if untreated
	Support for research, hoping to discover preventive.
Rheumatism including arthritis	Commonest cause of crippling
	Early modern treatment: reduces pain reduces limitation of movement
	Importance of seeking help early.
Diabetes	There is a hereditary tendency
	Early discovery important
	Most common after puberty
	Regular urinalysis most important particularly where there is family history of diabetes.
	Increase in appetite and thirst in later stages.
	No cure, but can be controlled
	Regular check-up by MD most important
	If undetected, becomes progressively worse; can lead to early death
Common cold	Colds are caused by a variety of factors and a number of different organisms
	No specific cure
	Best preventives are avoidance of over fatigue and sudden temperature changes
	Best treatment: warmth, rest, fluids and salicylate preparations.
Chronic indigestion	This is a sympton. The cause should be discovered. Self-medication may mask the problem and lead to unfortunate delay in securing treatment.
Asthma	There are several different types of asthma; treatment varies with the type. Usually the main difficulty is in exhaling.
	It is important to involve the MD and to avoid self-medication.

Venereal Disease

The age level at which this sub-topic might be introduced will depend upon the needs of the students and the community.

Factors to be considered:

Maturity of students
Expressed interest of students
Community social climate
Agreement on need by local officials

Venereal diseases are communicable diseases and it is recommended that instruction be undertaken in this context.

Venereal diseases are transfered directly from an infected person to another through sexual intercourse or from an infected mother to her unborn child.

Two of this group of diseases most frequently encountered in Canada are gonorrhoea and syphilis.

Cases of gonorrhoea outnumber cases of syphilis by at least five to one.

GONORRHOEA

Causative agent	A bacteria called a gonoccus, which is a pus-producing organism, and dies quickly away from the body by excessive heat or dryness.
Transmission	Gonorrhoea is transmitted by sexual intercourse when the organism is transferred to the mucous membrane of the genital area. A baby's eyes may become infected at birth if the mother has gonorrhoea.
Signs and Symptoms	In males: a burning sensation during urination a discharge of pus from the penis In females: There may be no early signs recognized and the discharge may go unnoticed until the infection gets into the fallopian tubes to produce a painful disease of the pelvic organs.
Results	May cause sterility in males and females (especially females) May cause a type of arthritis
Diagnosis	Physical examination Microscopic examination of the pus Culture of the bacteria from the pus
Treatment	Penicillin or other antibiotics administered by a physician

SYPHILIS

Causative agent	An organism called a spirochete The organism dies rapidly outside the body because it is very sensitive to increased temperature and lack of moisture.
Transmission	Initially by sexual intercourse when the organism is transfered to mucous membrane of the genital area, and subsequently passes into the blood stream The spirochete may be passed to a baby in utero by the infected mother, causing congenital syphilis. Syphilis is *not* spread by shaking hands, nor by touching objects such as toilet seats that have been in contact with an infected person.
Signs and Symptoms	These depend upon the stage of the infection. The stages are primary, secondary and tertiary and denote the progression of the disease when it is not treated adequately.
Primary Syphilis	A small open sore (chancre, pronounced "shanker") develops on the genitalia of either males or females. The chancre is painless, may not be visible in females, and is highly infectious. The sore may last for a few days or several weeks and can heal without treatment, but the infection of the blood remains unless adequate treatment is given.
Secondary Syphilis	Due to an untreated infection of the blood This stage may have a great variety of signs and symptoms which can be confused with other illnesses; some examples — a variety of skin rashes, sore throat, fever.

	A state of infection can be present for a year or two.
	The signs and symptoms of secondary syphilis may disappear with the disease confined to the blood and other body tissues.
	The infection may remain dormant for a lengthy period of time, which is called a latent stage.
	In this stage the spirochete may infect any tissue of the body, especially the brain, heart and bones.
	A person may have a latent or silent infection for many years before the serious signs of the next stage appear unless it is discovered by a blood test and adequate treatment given.
Tertiary Syphilis	Can lead to:
	Mental illness due to disease of the brain
	Crippling due to nerve damage of the spinal cord
	Blindness
	Some forms of heart disease
	Premature death
Diagnosis	Physical examination
	Microscopic examination of fluid from the sore
	Blood test, at a time when the infection has produced a change in the blood — usually three to six weeks after the primary sore.
Treatment	Massive doses of pencillin by injection or antibiotics administered by a physician as early in the course of the disease as possible.
	In tertiary syphilis this treatment cannot reverse the damage done.
Preventive Measures	Avoidance of sexual intercourse with infected persons
	Early diagnosis and prompt treatment of cases before the disease can be spread further
	Prompt examination of all sexual contacts of cases and treatment if the person is discovered to be infected.
	Prompt medical attention where there is any suspicion of venereal disease.
VD as a Community Problem	Statistics
	Social factors concerned with spread of VD
	Campaigns against venereal diseases by health departments.

References:

Ontario Department of Health — *Information About Venereal Disease* (booklet)

Schwartz, W.F. — *Teacher's Handbook on Venereal Disease Education* AAHPER 1967 (CAHPER, Toronto)

Films:
A Quarter Million Teenagers
The Innocent Party

Reference Material

The following selected reference list is by no means comprehensive. There are many other excellent publications.

CURRICULUM DEVELOPMENT AND METHODOLOGY

American Association for Health, Physical Education and Recreation. *Guides for Health Instruction,* 1967 (Toronto, Canadian Association for Health, Physical Education and Recreation).

School Health Education Study. *Health Education: A Conceptual Approach to Curriculum Design,* Minneapolis, Visual Products Division, 3M Co., 1967 (London, 3M Co.)

National Education Association American Medical Association, *Health Education,* 5th ed.1961(Toronto,CAHPER.)

Grout, R.E., *Health Teaching in Schools,* Philadelphia, W. B. Saunders, 1968(Toronto, McAinsh)

Hoyman, H.S., *Functional Health Teaching,* Chicago. A.J. Nystom, 1958

Kilander, H.F., *School Health Education,* New York, Macmillan (Toronto, Collier-Macmillan)

Mayshark, C. and Shaw, D., *Administration of School Health Programs,* St. Louis, C.V. Mosby, 1967 (Toronto, Mosby)

Schnieder, R.E., *Methods and Materials of Health Education,* Philadelphia, W.B. Saunders, 1965 (Toronto, McAinsh)

Turner, C. E., *Planning for Health Education in Schools,* London, England, 1966 (London, Longmans, Green)

GENERAL

Anderson, C.L. *School Health Practices,* St. Louis, C.V. Mosby, 1968 (Toronto, Mosby).

AAHPER, *The Growing Years: Adolescence,* 1962 Year Book (Toronto, CAHPER).

Beister, Griffiths and Pearce. *Units in Personal Health and Human Relations.* Minneapolis University of Minnesota Press.

Beyrer, M.K., Nolte, A.E., Solleder, M.K., *A Directory of Selected References and Resources for Health Instruction,* Minneapolis, Burgess 1967 (Toronto, McAinsh).

Bryd, O.E., *Health,* Philadelphia, W.B. Saunders 1966, (Toronto, McAinsh).

Canadian Health Education Specialists Society. *Annotated Guide to Health Education Materials in Canada,* PO Box 2305, Station D, Ottawa.

Knepp, T.H., *Human Reproduction, Health and Hygiene,* Southern Illinois University Press, 1967 (Toronto, Burns & MacEachern).

Duvall, E.M., *Family Living,* New York, Macmillan 1961 (Galt, Collier-Macmillan).

Hoeflin, R.M., *Essentials of Family Living,* New York, John Wiley & Sons Inc. 1960(Toronto, General Publishing)

Hurlock, Elizabeth, *Child Development,* New York, McGraw-Hill, (Toronto, McGraw-Hill).

Kilander, H.F., *Health for Modern Living.* Englewood Cliffs, N.J. Prentice-Hall (Toronto, Prentice-Hall).

Laycock, S.R., *Family Living and Sex Education,* Ottawa, Canadian Health Education Specialists Society, 1967.

Otto, J.H., Julian,C.J. and Tether, J.E., *Modern Health,* New York, Holt, Rinehart and Winston, 1967 (Toronto, Holt, Rinehart and Winston)

Oberteuffer D., and Beyrer, M.K., *School Health Education,* New York, Harper & Row, 1966 (Toronto, Copp Clarke).

Penfield, Wilder, *Man and His Family,* Toronto, McClelland and Stewart 1967.

Report of the Ontario Legislature's Select Committee on Youth, 1967 available from the Clerk of the Legislative Assembly, Queen's Park, Toronto.

Powell, Marvin, *The Psychology of Adolescence,* New York, Bobbs-Merrill Co. Inc., 1963 (Toronto, Thomas Allen & Son).

Rich, John, *Catching Up with Our Children,* Toronto, McClelland & Stewart, 1967.

Schifferes, Justus J., *Healthier Living,* New York, John Wiley Inc., 1966 (Toronto, General Publishing).

Jones, K.L., Shainberg, L.W. & Byer C.O., *Health Science,* New York, Harper & Row, 1968 (Toronto, Copp Clark).

Sorenson H. & Malm M., *Psychology for Living,* New York, McGraw-Hill, 1965 ed. (Toronto, McGraw-Hill).

Smith, R.L., *Health Hucksters,* New York, Thomas Y. Cromwell Co. (Toronto, Collier-Macmillan).

Travis & Baruch, *Personal Problems of Everyday Life,* New York Appleton-Century-Crofts Inc. (Toronto)

Turner, *Personal and Community Health,* 11th ed., St. Louis, C.V. Mosby (Toronto, McAinsh & Co.).

Stone, L.J. & Church J., *Childhood and Adolescence,* New York, Random House, 1964 (Toronto, Random House).

RESOURCE CENTRES

Alcoholism and Drug Addiction Research Foundation of Ontario, 344 Bloor St. West, Toronto 4, Ontario.

American Medical Association, 535 N. Deaborn St., Chicago, Ill.

Canada, Department of National Health and Welfare, Tunney's Pasture, Ottawa.

Canada, Department of National Health and Welfare, Consumer Division, Food and Drug Directorate, Tunney's Pasture, Ottawa.

Public Affairs Committee Inc., 381 Park Ave. South, New York 10016.

Science Research Associates (Canada) Ltd., 44 Prince Andrew Place, Don Mills, Ontario.

Ontario Department of Education, Learning Materials Service Unit, 559 Jarvis St., Toronto 5, Ontario.